

**KEENE STATE COLLEGE
DIRECT PAY COVERSHEET**

Banner Inv No. _____ Originator Name: _____

Vendor Name: _____

Scheduled
Check Date: _____ Payment Total \$ _____

Choose Disbursement Option

 Hold check for pick up email _____ [.@keene.edu](mailto:_____@keene.edu)
Mail check
Enclosure

Attach documentation. Send w/coversheet to Purchasing MS1601 for approval then to Accts Payable.

For Purchasing Use Only
Reviewed By:

For Accounts Payables Use Only
Approved By:

revised 2/2006 SAF

**KEENE STATE COLLEGE
DIRECT PAY COVERSHEET**

Banner Inv No. _____ Originator Name: _____

Vendor Name: _____

Scheduled
Check Date: _____ Payment Total \$ _____

Choose Disbursement Option

 Hold check for pick up email _____ [.@keene.edu](mailto:_____@keene.edu)
Mail check
Enclosure

Attach documentation. Send w/coversheet to Purchasing MS1601 for approval then to Accts Payable.

For Purchasing Use Only
Reviewed By:

For Accounts Payables Use Only
Approved By:

revised 2/2006 SAF